PTO/S208 (12-04) Approved for use through 7/31/2006 OM8 6651-0632

U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paparuso's Reduction Act of 1995, as parame are required to respond to a collection of information unless it displays a valid OkiB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875 10/709,510 APPLICATION AS FILED - PART I OTHER I'HAN SMALL ENTITY OR (Column 1) (Cokston 2) SMALL ENTITY NUMBER FILED KUMBER EXTRA RATE (3) PEE (A) RATE IS: FEE (3) BASIC FEE D7 CFR LINES PA PLICE XX MA NIA SEARCH FEE NIA HEA ET CHR LIEULES OF LIES ALK WA EXALINATION FEE NIA. NA NIA CAT CIFF LIGHT (OF OR KE) NLA TOTAL CLAMS (ST OFR 1.16(T) colour 20 = OR 94DEPENDENT CLAIMS (37 CFR 1.16(1)) mintes 3 if the specification and drawings exceed 100 shoets of paper, the application size tee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE (32 CFR 1 18(4)) additional 60 sheets or (rection thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a) MILITIPLE DEPENDENT CLASH PRESENT (57 CFR 1.16(1)) WA NA " If the difference in column I is less than zono enter W in column 2 TOTAL TOTAL APPLICATION AS AMENDED - PART II 06/06/06 OTHER THAN **QR** (Column 3) (Column 1) (Cayanus S) SMALL ENTITY SMALL ENTITY HIGHEST REMAINING NUMBER PREBENT RATE (\$) ADDI-RATE (S) **VDDI** AFTER PREVIOUSLY EXTRA TIONAL TIONAL AMENDMENT PAID FOR PER (5) FEE (\$) • 0 Total MERIO 20 CU COR L MED x 25 x 100 * QR x 100 = DT CHE LUDG 200.00 × 200 • OR Application Size Fee (37 CFR 1.18(b)) PERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1 16(1)) NA CR NA TOTAL TOTAL 200,00 addl fee OR ADDIL FEE 08/30/06 (Cotumn 1) (Column 2) (Column 3) CLAUS HOHEST REMAINING PRESENT NUMBER RATE (C) ADDI-RATE (3) ADDI-AFTER PREVIOUSLY EXTRA TICHAL TIONAL AENT AMENDMENT PAID FOR PEE (3) FEE (5) Total Minus 10 x 25 OR 100 END independent of CPR L100 LONG x 100 200 **OR** Application Size Fee (37 CFR 1.16(a)) FREST PRESENTATION OF MALTIPLE DEPONDENT QUAIN (ST CFR : 160) NIA CR NIA. non-compl. mailed (inempiete claims) TOTAL TOTAL OR ADDL REE ADOL FRE " If the entry in column 1 is less than the entry in column 2, write 17 in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20

The "Highest Number Previously Pold For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 87 CFR 1.14 This ordersion is estimated to take 12 minutes to complete. including guthering, properlyg, and automitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the amount of time you require to complete this torm and/or suggestions for seducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1460, DO NOT SEAD FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Palents, P O Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, and 1-800-970-9199 and select option ?

*** If the Highest Mumber Previously Peld For IN THIS SPACE to bee then & enter "8".